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6

Application Number

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Examiner Name

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509192000220

## ENCLOSURES (Check all that apply)

☐ Fee Transmittal Form☐ Fee Attached☐ Amendment/Reply☐ After Final☐ Affidavits/declaration(s)☐ Extension of Time Request☐ Express Abandonment Request☐ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Reply to Missing Parts/  
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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

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Signature

Printed name

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Date

May 16, 2005

Reg. No.

28,825

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